



# FEE TRANSMITTAL for FY 2007

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$)**1140.00**

Complete If Known	
Application Number	<b>10/535,115</b>
Filing Date	<b>May 16, 2005</b>
First Named Inventor	<b>Michael Anthony Pugel</b>
Examiner Name	<b>Daryl C. Pope</b>
Art Unit	<b>2612</b>
Attorney Docket No.	<b>PU020459</b>

**METHOD OF PAYMENT (check all that apply)** **CUSTOMER NUMBER: 24498**

Check  Credit card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account: Deposit Account Number **07-0832** Deposit Account Name: **THOMSON LICENSING LLC**  
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of  Credit any overpayments  
fee(s) under 37 CFR 1.16 and 1.17

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<b>Application Type</b>	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

**Fee Description**

Each claim over 20 (including Reissues)

**Small Entity**

**Fee (\$)** **Fee (\$)**

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

**Total Claims**

**Extra Claims**

**Fee (\$)**

**Fee Paid (\$)**

**Multiple Dependent Claims**

**Fee (\$)** **Fee Paid (\$)**

- 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

**Independent Claims**

**Extra Claims**

**Fee (\$)**

**Fee Paid (\$)**

- 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

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**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 100 = _____	/ 50 = _____	(round up to a whole number) x _____	_____	_____

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

**Fees Paid (\$)**

Other (e.g., late filing surcharge): **NOTICE OF APPEAL - \$510.00**

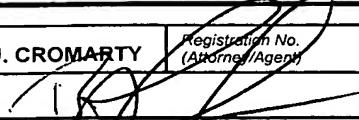
\_\_\_\_\_

**ONE MONTH EXTENSION - \$120.00**

**\$ 1140.00**

**APPEAL BRIEF - \$510.00**

**SUBMITTED BY**

<b>Name (Print/Type)</b>	<b>BRIAN J. CROMARTY</b>	<b>Registration No. (Attorney/Agent)</b>	<b>L0027</b>	<b>Telephone</b>	<b>(609) 734-6804</b>
<b>Signature</b>					<b>August 12, 2008</b>

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  
**FEE TRANSMITTAL**  
for FY 2007

Applicant claims small entity status. See 37 CFR 1.27

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<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments		
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**Multiple Dependent Claims**

**Fee (\$)**      **Fee Paid (\$)**

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_____	- 100 = _____	/ 50 = _____ (round up to a whole number) x _____	_____	= _____

**4. OTHER FEE(S)**

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**Fees Paid (\$)**

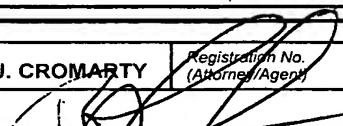
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